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BIBDATASHEET

CONFIRMATION NO. 8583

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 09/725,314 | FILING DATE 11/29/2000 RULE | CLASS 037 | GROUP ART UNIT 3671 | ATTORNEY DOCKET NO. 001337 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

APPLICANTS

Masaharu Amano, Osaka, JAPAN;

Kazuhide Okawa, Yawata-shi, JAPAN;

** CONTINUING DATA *****

nm 12/6/04

** FOREIGN APPLICATIONS *****

JAPAN HEI. 11-343106 12/02/1999

JAPAN 2000-11166 01/20/2000

nm 12/6/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/02/2001

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|--|----------|---------|--------|-------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged <i>nm 12/6/04</i> Examiner's Signature _____ Initials _____ | JAPAN | 24 | 15 | 4 |

ADDRESS

23850

ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP

1725 K STREET, NW

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WASHINGTON, DC

20006

TITLE

Bucket tooth and method of manufacturing the same *nm 12/6/04*

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| FILING FEE RECEIVED 1096 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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| APPLICANTS Masaharu Amano, Osaka, JAPAN; Kazuhide Okawa, Yawata-shi, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN HEI. 11-343106 12/02/1999 JAPAN 2000-11166 01/20/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 24 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 4 |
| ADDRESS 23850 | | | | | |
| TITLE BUCKET TOOTH | | | | | |
| FILING FEE RECEIVED 1096 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |